



What the Consumer Advisory Board Does:

- Provides advice and guidance on healthcare innovation policies
- Recommends consumer representatives to State Innovation Model (SIM) advisory groups
- Ensures meaningful consumer participation in healthcare policy decisions
- Engages consumers and promotes community input in SIM health care innovation planning and implementation

Who We Seek:

We seek consumers and advocates experienced in dealing with health conditions. We need a diverse and balanced mix of participants, and will consider life experience, individual circumstances, source of health insurance, and race or ethnicity. Candidates should be comfortable sharing views, have good problem-solving skills, and be willing to work with others.

Serving as a Consumer Advisory Board (CAB) member provides opportunity to learn about health care in Connecticut, to advocate for change, and to be the voice of the consumer.



Background

Consumer Advisory Board Mission

To advocate for consumers and provide strong public and consumer input in Connecticut health reform policies.

Consumer Advisory Board Vision

To ensure that state healthcare innovations lead to positive health outcomes and fairness for consumers across Connecticut.

About the State Innovation Model

In December 2013, Connecticut developed a plan for a healthier state through a whole-person-centered health care system that:

- 1) improves community health & eliminates health inequities;
- 2) ensures superior access, quality, and care experience;
- empowers people to actively participate in their health and healthcare; and
- 4) improves affordability by reducing healthcare costs.

Connecticut received a federal SIM Design grant to begin the process of transforming healthcare. The CAB was established as one of three governing bodies for this process.

The CAB's major role is to promote and provide consumer involvement in this transformation. Under the SIM Model Test grant awarded December 2014, the CAB membership increased and its activities expanded.

CAB Member Responsibilities

The CAB meets monthly from 1 to 3 p.m. in the Hartford area (schedules are posted on the SIM website). Members are expected to attend these meetings. Members may also have the opportunity to serve on CAB subcommittees and other SIM work groups, or to participate in educational and listening sessions.

To learn more about the CAB and our activities, contact: Jeannina Thompson at Jeannina.Thompson@ct.gov.

Application for Consumer Advisory Board Representatives

We invite consumers and advocates with diverse experiences to complete the following application. Please note that any information you share may become public, particularly with regard to health conditions. You should share only that information that you are comfortable making public. If you wish, you may submit a one-page resume or a short bio with this application.

| Name | Organization (if applicable) | |
|---|--|--|
| Address/City/State/Zip Code | | |
| Email Address | Phone Number | |
| 1. What does healthcare reform mean to you? (50-150 words) | | |
| 2. Describe an experience in which you advocated for yourself, a family words) | member, or a community member for improved healthcare. (50-150 | |
| 3. Describe your experience using the healthcare system, including, if you wish, health conditions that affect you. If you work as an advocate, please describe your experience working on behalf of others. (50-150 words) | | |
| 4. What would you bring to healthcare reform discussions and how would your participation contribute to the overall process of improving healthcare? | | |
| 5. Please describe the health coverage experience that you would bring to the process regarding public or private health. For example, Medicare, HUSKY (Medicaid), Access Health CT or commercial insurance. (50-150 words) | | |
| 6. Who do you work for and in what capacity? (if applicable) | | |
| 7. Do you have a possible conflict of interest? By conflict of interest we mean that you, or your employer, or your immediate family members could possibly benefit from the outcome of the decision process, financially or otherwise. | | |
| 8. By serving as a member of the CAB, you will be expected to attend or calls may be required between meetings. Are you able to devote the tireYesNo | | |
| 9. Describe your racial/ethnic background. (optional) | | |
| American Indian or Alaskan Native | Asian/Pacific Islander | |
| Black/African-American (not of Hispanic or Latino origin) | Hispanic or Latino | |
| White (not of Hispanic or Latino origin) | Self Description: | |
| 10. Would you like to be considered for other vacancies? If so, we will h Yes No | old your application for one year. | |

Mail application to: SIM PMO, PO Box 340308, 410 Capitol Avenue MS# 13OHS, Hartford, CT 06134-0308

Connecticut **SIM** connecticut state innovation model Consumer Advisory Board



What Does the Consumer Advisory Board Do?

- Provides advice and guidance on healthcare innovation policies
- Recommends people to serve on to State Innovation Model (SIM) advisory groups
- Ensures meaningful community member participation in healthcare policy decisions
- Engages people and promotes community input in SIM health care innovation planning and implementation

We are seeking YOUNG ADULTS who want to talk about health conditions such as:

- Disabilities
- Diabetes
- Asthma
- Arthritis
- Mental health
- Addiction

Candidates should be comfortable sharing views; have good problem-solving skills and be willing to work with others.



Background

Consumer Advisory Board Mission

To advocate for people and provide strong public and consumer input in Connecticut health reform policies.

Consumer Advisory Board Vision

To ensure that state healthcare innovations lead to positive health outcomes and fairness for community members across Connecticut.

Why join the SIM CAB?

Serving as a CAB member provides an opportunity to learn about healthcare in CT, to advocate for change, and to be the voice for other young adults.

CAB Member Responsibilities

The CAB meets monthly **from 1 to 3 p.m.** in the Hartford area, and schedules are posted on the SIM website. Members are expected to attend these meetings in person, via phone, or with video-conference. There may be activities between meetings that members may be asked to participate in, such as educational forums and listening sessions.

To learn more about the CAB and our activities, contact: Jeannina Thompson at Jeannina.Thompson@ct.gov.



Application for Young Adult Consumer Advisory Board Representatives

We invite consumers and advocates with diverse experiences to complete the following application. Please note that any information you share may become public, particularly with regard to health conditions. You should only share information that you are comfortable making public. If you wish, you may submit a one-page resume or bio with this application.

| Name | Organization (if applicable) | |
|---|---|--|
| Address/City/State/Zip Code | | |
| Email Address | Phone Number | |
| 1. If there was a friend in need of help, how would you connect them w | ith healthcare or SIM CAB? (50-150 words) | |
| 2. Describe an experience in which you advocated for yourself, a family member, or a community member to help them. (50-150 words) | | |
| 3. Is healthcare accessible to young people? Why or why not? (50-150 words) | | |
| 4. How would your participation in SIM CAB contribute to the overall process of improving healthcare? (50-150 words) | | |
| 5. Tell us anything you know about health insurance, including any issues with HUSKY (Medicaid), your parents' insurance, or Medicare. | | |
| 6. Why are you interested in healthcare? (50-150 words) | | |
| 7. Do you have a possible conflict of interest? By conflict of interest we mean that you, or your employer, or your immediate family members could possibly benefit from the outcome of the decision process, financially or otherwise. | | |
| 8. By serving as a member of the CAB, you will be expected to attend one two-hour meeting every month. Work assignments, emails, and phone calls may be required between meetings. Are you able to devote the time necessary to be an active participant? YesNo | | |
| 9. Describe your racial/ethnic background. (optional) | 10. Age | |
| | Asian/Pacific Islander | |
| | Hispanic or Latino | |
| | Self Description: | |
| 11. Do you want us to hold your application for one year, in case you arYes No | | |

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What does the SIM Quality Council Do?

- Recommends core measures for primary care and specialty care provider performance assessments for value-based payment and reporting.
- Re-assesses recommended measures annually to identify gaps, incorporate new national measures as they become available, and keep pace with changes in technology and clinical practice.
- Advises the state regarding the design and implementation of a public provider scorecard.

Who We Seek:

We seek consumers and advocates experienced in dealing with health conditions. We need a diverse and balanced mix of participants, and will consider life experience, individual circumstances, source of health insurance, and race or ethnicity. Candidates should be comfortable sharing views, have good problem-solving skills, and be willing to work with others.

Serving as a CT SIM Quality Council Consumer Representative provides opportunity to learn about health care in Connecticut, to advocate for change, and to be the voice of the consumer.



Background

About the State Innovation Model

In December 2013, Connecticut developed a plan for a healthier state through a whole-person-centered health care system that:

- improves community health & eliminates health inequities;
- 2) ensures superior access, quality, and care experience;
- empowers people to actively participate in their health and healthcare; and
- 4) improves affordability by reducing healthcare costs.

Connecticut received a federal SIM Design grant to begin the process of transforming healthcare.

Quality Council Consumer Representative Responsibilities

The SIM Quality Council meets monthly 6pm to 8pm in the Hartford area and schedules are posted on the SIM website. Consumer representatives are expected to attend these meetings in person, via phone or with video-conference. There may be subcommittee activities in between regular meetings of the Council.

To learn more about the SIM and our activities, contact: Jeannina Thompson at Jeannina.Thompson@ct.gov.

Application for Quality Council Consumer Representative

We invite consumers and advocates with diverse experiences to complete the following application. Please note that any information you share may become public, particularly with regard to health conditions. You should only share information that you are comfortable making public. If you wish, you may submit a one-page resume or a short bio with this application.

| Name | Organization (if applicable) | |
|---|---|--|
| Address/City/State/Zip Code | | |
| Email Address | Phone Number | |
| 1. What does healthcare reform mean to you? (50-150 words) | | |
| 2. Describe an experience in which you advocated for yourself, a family words) | member, or a community member for improved healthcare. (50-150 | |
| 3. Describe your experience using the healthcare system, including, if you wish, health conditions that affect you. If you work as an advocate, please describe your experience working on behalf of others. (50-150 words) | | |
| 4. What would you bring to healthcare reform discussions and how wou healthcare? | lld your participation contribute to the overall process of improving | |
| 5. Please describe the health coverage experience that you would bring to the process regarding public or private health. For example, Medicare, HUSKY (Medicaid), Access Health CT or commercial insurance. (50-150 words) | | |
| 6. Who do you work for and in what capacity? (if applicable) | | |
| 7. Do you have a possible conflict of interest? By conflict of interest we mean that you, or your employer, or your immediate family members could possibly benefit from the outcome of the decision process, financially or otherwise. | | |
| 8. By serving as a member of the CAB, you will be expected to attend one two-hour meeting every month. Work assignments, emails, or phone calls may be required between meetings. Are you able to devote the time necessary to be an active participant? Yes No | | |
| 9. Describe your racial/ethnic background. (optional) | | |
| American Indian or Alaskan Native | Asian/Pacific Islander | |
| Black/African-American (not of Hispanic or Latino origin) | Hispanic or Latino | |
| 10. Would you like to be considered for other vacancies? If so, we will hold your application for one year. | | |

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